

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000100103

1. Corporation Name

Classical BMW Inc

2. Principal Office Address - No P.O. Box #

2915 Jefferson St

Suite, Apt. #, etc.

3. Mailing Office Address

2915 Jefferson St

Suite, Apt. #, etc.

City & State

Marianna, FL 32446

Zip

32446

Country

U.S.A

City & State

Marianna, FL 32446

Zip

32446

Country

U.S.A

7. Name and Address of Current Registered Agent

Name

Brenda Wojtysiak

Street Address (P.O. Box Number is Not Acceptable)

9179 Ravena Rd

Suite, Apt. #, Etc.

City

Tallahassee,

State

FL

Zip Code

32309

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Brenda Wojtysiak
REGISTERED AGENT MUST SIGN

Date

4/27/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Brenda Wojtysiak	9179 Ravena Rd	Tallahassee, FL, 32309

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Brenda Wojtysiak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/2007

Daytime Phone #

(850) 482-3333

FILED

07 MAY -1 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100103191421

05/24/07--01019--015 **608.75

REINSTATEMENT

04-07

CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

1998

5. FEI Number

59-348-4860

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.